

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3729AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2008
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY ALZHEIMERS CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5310 SHARON MARIE COURT LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual state licensure survey conducted in your facility on June 2, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 8 total beds.</p> <p>The facility had the following category of classified beds: 8 Category 2 beds.</p> <p>The facility had the following endorsements: Residential facility which provides care to persons with Alzheimer's disease.</p> <p>The census at the time of the survey was 6. Six resident files were reviewed and 3 employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 072 SS=F	<p>449.196(3) Qualications of Caregiver-Med re-training</p> <p>NAC 449.196</p>	Y 072		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 072	<p>Continued From page 1</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and</p> <p>(b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.</p> <p>This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to ensure 3 of 3 employees (#1, #2, #3) received at least 3 hours of training in the management of medications every three years.</p> <p>Findings include:</p> <p>The file for Employee #1, hired 3/4/03, revealed evidence of 8 hours of medication training on 2/22/03. However, there was no evidence of additional medication training since the initial 8 hour training.</p> <p>The file for Employee #2, hired 3/4/03, revealed evidence of 8 hours of training on 2/22/03 and 2 hours on 3/17/06. However, the employee did not meet the minimum 3 hours of training in medication management required every three years.</p>	Y 072		

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Y 072	Continued From page 2 The file for Employee #3, hired 3/4/03, revealed evidence of 8 hours of medication training on 2/22/03. However, there was no evidence of additional medication training since the initial 8 hour training. Severity: 2 Scope: 3	Y 072		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to ensure 3 of 3 employees (#1, #2, #3) had completed their criminal background checks. Findings include: The file for Employee #1, hired 3/4/03, revealed no documented evidence a criminal affidavit and a copy of the fingerprints maintained in the file or or offered for review. The employee did have evidence of a federal fingerprint clearance document dated 5/21/06. The file for Employee #2, hired 3/4/03, revealed evidence of a copy of fingerprints dated 7/14/06. However, there was no evidence of a signed criminal affidavit and a returned state background clearance in the file or offered for review.	Y 105		

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Y 105	Continued From page 3 The file for Employee #3, hired 3/4/03, revealed no documented evidence of a signed criminal affidavit maintained in the file or offered for review. Severity: 2 Scope: 3	Y 105			

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